

Integrated Payment & Reporting System (IPRS) Target Population Details – FY 2007-08

**Child Mental Health
Assessment Only (CMAO)**

Client Eligibility Criteria	<p>Child, ages 3 through 17 years, who:</p> <ul style="list-style-type: none"> • are seeking or needing services for a Mental Health problem or symptom, AND • have completed a current LME Screening/Triage/Referral (STR) process, AND • have received a current LME STR triage determination of "Urgent" or "Routine", AND • have been referred by the LME STR to the provider for assessment, AND • have been determined by the provider <u>not to be eligible for any other MH, DD, or SA Target Population</u>, AND • have been determined by the provider <u>not to be eligible for Medicaid services</u>. <p>The purpose of the Assessment Only target population is to provide a mechanism to reimburse a provider for a single service or assessment event that has been provided to a consumer, but for whom the provider determines that the consumer does not meet eligibility requirements for any other Target Population or for Medicaid services. Pending record requirements in APSM 45-2 apply.</p>
ICD-9 Diagnosis Ranges	<p>Any valid ICD-9</p> <p align="center">~~~~~</p> <p>For the most current list of specific diagnoses, refer to <u><i>IPRS Diagnosis / Target Population Crosswalk</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Concurrency Issues	<p>An individual cannot be enrolled in CMAO and any other MH, DD, or SA Target Population category at the same time.</p> <p align="center">~~~~~</p> <p>For full details, refer to <u><i>IPRS Eligibility Concurrency</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Service Array	<p align="center">Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Provider Restrictions	<p>Billing Provider -- Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/SA Provider</p>
Funding Source(s)	<p>Child MH UCR State – 536945 1290 220 00</p> <p align="center">~~~~~</p> <p>For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Utilization Management	<p>Up to 1 periodic service event within a current episode of care, and up to 2 periodic service events within the fiscal year, after which prior approval is required or current eligibility enrollment in another Target Population category.</p>

**Child Mental Health
Crisis Services (CMCS)**

Client Eligibility Criteria	<p>Children, under the age of 18, who:</p> <p>are seeking or needing services for a current Mental Health problem or symptom,</p> <p>AND</p> <p><u>who is not eligible for Medicaid,</u></p> <p>AND</p> <p>who have completed a current Screening/Triage/Referral Interview and have received an "Emergent" triage determination, as defined below*, <u>or</u> are currently enrolled in an eligible Child Mental Health Target Population and are in need of crisis or emergency services beyond the capacity of the designated First Responder provider,</p> <p><i>Note: An individual who is eligible for Medicaid is <u>not</u> eligible for the Crisis Services target population, nor is an individual who is eligible for both Medicaid and IPRS services. The Crisis Services target population is limited to only those individuals who either:</i></p> <p><i>a) have <u>no IPRS target population eligibility</u>, or</i></p> <p><i>b) have <u>only IPRS target population eligibility</u>, but not Medicaid eligibility.</i></p> <p>The purpose of the Crisis Services Target Population is to provide a mechanism to reimburse a provider for crisis or emergency services that have been provided to a non-Medicaid Child Mental Health consumer. The consumer may or may not meet eligibility requirements for any other IPRS Target Population, but may <u>not</u> be eligible for Medicaid.</p> <p>Eligibility for the Crisis Services target population requires LME admission of consumer into the CDW through completion of the Identifying Information (Record 10 or 30), Demographics (Record 11 or 31), and Substance Abuse (Drug of Choice) Details (Record 17 or 37).</p> <p>The LME may establish the initial eligibility period in the Crisis Services (CMCS) population group for up to fourteen (14) days. After the initial eligibility period, the consumer must be reassessed and determined to continue to be in need of crisis and emergency services to be considered for another fourteen (14) day eligibility period.</p> <p><i>* STR Definition of "Emergent": An individual's need shall be categorized as "Emergent" when the individual presents a moderate or severe risk related to safety or supervision, or is at moderate or severe risk of substance abuse withdrawal symptoms, or presents a mild, moderate, or severe risk of harm to self or others, or has severe incapacitation in one or more area(s) of physical, cognitive, or behavioral functioning related to mental health, developmental disabilities or substance abuse problems.</i></p>
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Integrated Payment & Reporting System (IPRS) Target Population Details – FY 2007-08

**Child Mental Health
Crisis Only (CMCS)
(Continued)**

ICD-9 Diagnosis Ranges	Any Valid ICD-9 For the most current list of specific diagnoses, refer to <u><i>IPRS Diagnosis / Target Population Crosswalk</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Concurrency Issues	Individual may not concurrently be enrolled in CDCS, CSCS, or in any AO target population group. ~~~~~ For full details, refer to <u><i>IPRS Eligibility Concurrency</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Service Array	Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Provider Restrictions	Billing Provider – LME Attending Provider - Multi-Service Provider or Multi-Service w/SA Provider or Enrolled MH Provider
Funding Source(s)	Child MH UCR State – 536945003 1290 220 00 ~~~~~ For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Utilization Management	Each Local Management Entity is responsible for the development and implementation of crisis and emergency services delivery and authorization guidelines to ensure the prompt and efficient implementation of services to eligible “Crisis Services (CS)” consumers. This includes LME approved procedures for the authorization of 24 hour admissions to inpatient hospital, facility based crisis, and 24 hour detoxification programs. The Division recommends that the LME review and authorize Mobile Crisis services after the delivery of the initial 16 units (4 hours) of this service. During regular hours of operation, the Division recommends immediate notification of the LME by the crisis or emergency services provider for all 24 hour emergency admissions. Written notification regarding such emergency admissions is recommended to be provided to the LME within 24 hours in all circumstances.

**Child Mental Health
Seriously Emotionally Disturbed with Out-of-Home Placement (CMSED)**

Client Eligibility Criteria	<p>Child, under the age of 18, with atypical development (up to age 5) or Serious Emotional Disturbance (SED) as evidenced by the presence of a diagnosable mental, behavioral, or emotional disturbance that meets diagnostic criteria specified in ICD-9;</p> <p>AND</p> <p>Functional impairment that seriously interferes with or limits his/her role or functioning in family, school, or community activities AND</p> <p>Placed out of the home or at risk of out-of-home placement, as evidenced by any of the following:</p> <ul style="list-style-type: none">▪ Utilizing or having utilized acute crisis intervention services or intensive wraparound services in order to maintain community placement within the past year;▪ Having had 3 or more psychiatric hospitalizations or at least 1 hospitalization of 60 continuous days within the past year;▪ Having had DSS substantiated abuse, neglect or dependency within the past year;▪ Having been expelled from 2 or more daycare or pre-kindergarten situations within the past year;▪ Having been adjudicated or convicted of a felony or 2 or more Class A1 misdemeanors in juvenile or adult court or placed in a youth development center, prison, juvenile detention center, or jail within the past year;▪ Situation exacerbated by special needs, (e.g., physical disability that substantially interferes with functioning) <p>Eligibility Determination for this population group should be completed annually in conjunction with the Person Centered Plan process.</p> <p>~~~~~</p> <p>NOTES:</p> <p>This target population was designed to cross walk with Level D in the Child Levels of Care Document (March 2002). For additional information please refer to this document.</p> <p>Also, for additional clarification regarding specific terminology used in eligibility determination, please refer to the Child Mental Health IPRS Eligibility Clarification document.</p> <p>An individual determined eligible for this target population will have priority for funding if identified as:</p> <ul style="list-style-type: none">• Sexually aggressive; and/or• Deaf; and/or• Having co-occurring disorders.
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**Child Mental Health
Seriously Emotionally Disturbed with Out-of-Home Placement (CMSED)
(continued)**

ICD-9 Diagnosis Ranges	<div> <div>293-29799</div> <div>3028-3029</div> <div>9958-99589</div> <div>V7102</div> </div> <div> <div>2988-2989</div> <div>306-30999</div> <div>V158-V1589</div> </div> <div> <div>300-30099</div> <div>3101</div> <div>V61-V619</div> </div> <div> <div>30113</div> <div>311-31499</div> <div>V623-V629</div> </div> <div> <div>302-3026</div> <div>9955-99559</div> <div>V652</div> </div> <div>~~~~~</div> <p>For the most current list of specific diagnoses, refer to <u><i>IPRS Diagnosis / Target Population Crosswalk</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Concurrency Issues	<p>An individual cannot be enrolled in both CMSED and CMMED, CMECD, or CMAO at the same time.</p> <p>~~~~~</p> <p>For full details, refer to <u><i>IPRS Eligibility Concurrency</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Service Array	<p>Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Provider Restrictions	<p>Billing Provider - Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/SA Provider</p>
Funding Source(s)	<p>Child MH State Crisis – 536945003 1390 221 00 (procedure code H0010, H2011, H2036, S9484, YP485, YP790, YP820)</p> <p>Child MH ARC UCR – SSBG – 536930 1291 250 Q7</p> <p>Child MH ARC UCR – MHBG – 536930 1291 250 6U</p> <p>Child MH ARC UCR (At Risk Funds – 536930 1290 220 39</p> <p>~~~~~</p> <p>For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Utilization Management	<p>For Utilization Management information, refer to the <u><i>Child Levels of Care Criteria</i></u> document dated March 2002.</p>

**Child Mental Health
Seriously Emotionally Disturbed (CMMED)**

Client Eligibility Criteria	<p>Child, over the age of 3 and under the age of 18, with atypical development (up to age 5) or Serious Emotional Disturbance (SED) by the presence of a diagnosable mental, behavioral, or emotional disturbance that meets diagnostic criteria specified in ICD-9;</p> <p>AND</p> <ul style="list-style-type: none"> Functional impairment that seriously interferes with or limits his/her role or functioning in family, school, or community activities <p>Eligibility Determination for this population group should be completed annually in conjunction with the Person Centered Plan process.</p> <p>~~~~~</p> <p>NOTES: This target population was designed to cross walk with Level C in the Child Levels of Care Document (March 2002). For additional information please refer to this document.</p>			
ICD-9 Diagnosis Ranges	293-29799	3028-3029	9958-99589	V7102
	2988-2989	306-30999	V158-V1589	
	300-30099	3101	V61-V619	
	30113	311-31499	V623-V629	
	302-3026	9955-99559	V652	
	<p>~~~~~</p> <p>For the most current list of specific diagnoses, refer to <u><i>IPRS Diagnosis / Target Population Crosswalk</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>			
Concurrency Issues	<p>An individual cannot be enrolled in both CMMED and CMSED, CMECD, or CMAO at the same time.</p> <p>~~~~~</p> <p>For full details, refer to <u><i>IPRS Eligibility Concurrency</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>			

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**Child Mental Health
Seriously Emotionally Disturbed (CMMED)
(continued)**

Service Array	Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Provider Restrictions	Billing Provider – Area Program or LME Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/SA Provider
Funding Source(s)	Child MH State Crisis – 536945003 1390 221 00 (procedure code H0010, H2011, H2036, S9484, YP485, YP790, YP820) Child MH SSBG - 536945 1291 250 Q7 Child MH MHBG - 536945 1291 250 6U Child MH State UCR - 536945 1290 220 00 Child MH UCR CTSP – 536930 1290 220 39 ~~~~~ For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Utilization Management	NOTE: For Utilization Management information, refer to the <u>Child Levels of Care Criteria</u> document dated March 2002.

**Child Mental Health
Deaf or Hard of Hearing (CMDEF)**

Client Eligibility Criteria	<p>Child, over the age of 3 and under the age of 18, who is assessed as deaf or as needing specialized mental health services due to social, linguistic or cultural needs associated with individual or familial deafness or hearing loss;</p> <p>AND</p> <p>the presence of a diagnosable mental, behavioral, or emotional disturbance that meets diagnostic criteria specified in ICD-9;</p> <p>Eligibility Determination for this population group should be completed annually in conjunction with the Person Centered Plan process.</p> <p>~~~~~</p> <p>NOTES: Deaf children will be dually enrolled as both Deaf/HH and in their appropriate population category, in order to receive a full array of services. Where this funding is available, it will be depleted before other funding sources pay for the eligible service.</p>			
ICD-9 Diagnosis Ranges	<p>293-29799 3028-3029 9958-99589 V7102</p> <p>2988-2989 306-30999 V158-V1589</p> <p>300-30099 3101 V61-V619</p> <p>30113 311-31499 V623-V629</p> <p>302-3026 9955-99559 V652</p> <p>~~~~~</p> <p>For the most current list of specific diagnoses, refer to <u><i>IPRS Diagnosis / Target Population Crosswalk</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>			
Concurrency Issues	<p>An individual cannot be enrolled in both CMDEF and CMAO at the same time.</p> <p>~~~~~</p> <p>For full details, refer to <u><i>IPRS Eligibility Concurrency</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>			

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Integrated Payment & Reporting System (IPRS) Target Population Details – FY 2007-08

**Child Mental Health
Deaf or Hard of Hearing (CMDEF)
(continued)**

Service Array	Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Provider Restrictions	Billing Provider – Area Program or LME Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/SA Provider
Funding Source(s)	Child MH State Crisis – 536945003 1390 221 00 (procedure code H0010, H2011, H2036, S9484, YP485, YP790, YP820) Child MH State UCR - 536945 1290 220 00 Child MH UCR CTSP – 536930 1290 220 39 The small reserve for interpreter services will continue to be handled on an invoice basis outside the IPRS system at this time. ~~~~~ For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Utilization Management	

**Child Mental Health
Homeless (PATH) - (CMPAT)**

Client Eligibility Criteria	<p>Child, over the age of 3 and under the age of 18 and has Serious Emotional Disturbance (SED), and has an ICD-9 Diagnosis(es) and is:</p> <p>Homeless, as defined by:</p> <p>(1) Lacks a fixed, regular, adequate night-time residence;</p> <p>OR</p> <p>(2) Has a primary night-time residence that is:</p> <p>(a) temporary shelter;</p> <p>or</p> <p>(b) temporary residence for individuals who would otherwise be institutionalized;</p> <p>or</p> <p>(c) place not designed/used as a regular sleeping accommodations for human beings;</p> <p>OR</p> <p>At imminent risk of homelessness as defined by:</p> <p>(1) due to be evicted or discharged from a stay of 30 days or less from a treatment facility</p> <p>AND</p> <p>(2) who lacks resources to obtain and/or maintain housing.</p> <p>Eligibility Determination for this population group should be completed annually in conjunction with the Person Centered Plan process.</p> <p>~~~~~</p> <p>NOTES: There may need to be “John Doe” clients for outreach to people who refuse to give their names.</p> <p>There is no specific requirement regarding functioning as measured by a CAFAS score. Assertive Outreach can be provided to homeless persons who have a deferred diagnosis.</p>																				
ICD-9 Diagnosis Ranges	<table><tr><td>293-29799</td><td>3028-3029</td><td>9955-99559</td><td>V652</td></tr><tr><td>2988-2989</td><td>306-30999</td><td>9958-99589</td><td>V7102</td></tr><tr><td>300-30099</td><td>3101</td><td>V158-V1589</td><td></td></tr><tr><td>30113</td><td>311-31499</td><td>V61-V619</td><td></td></tr><tr><td>302-3026</td><td>7999</td><td>V623-V629</td><td></td></tr></table> <p>~~~~~</p> <p>For the most current list of specific diagnoses, refer to <i>IPRS Diagnosis / Target Population Crosswalk</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>	293-29799	3028-3029	9955-99559	V652	2988-2989	306-30999	9958-99589	V7102	300-30099	3101	V158-V1589		30113	311-31499	V61-V619		302-3026	7999	V623-V629	
293-29799	3028-3029	9955-99559	V652																		
2988-2989	306-30999	9958-99589	V7102																		
300-30099	3101	V158-V1589																			
30113	311-31499	V61-V619																			
302-3026	7999	V623-V629																			
Concurrency Issues	<p>An individual cannot be enrolled in both CMPAT and CMAO at the same time.</p> <p>~~~~~</p> <p>For full details, refer to <i>IPRS Eligibility Concurrency</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>																				

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Integrated Payment & Reporting System (IPRS) Target Population Details – FY 2007-08

**Child Mental Health
Homeless (PATH) - (CMPAT)
(continued)**

Service Array	Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Provider Restrictions	Billing Provider – Area Program or LME Attending Provider – – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/SA Provider
Funding Source(s)	Child MH State Crisis – 536945003 1390 221 00 (procedure code H0010, H2011, H2036, S9484, YP485, YP790, YP820) Child MH Homeless PATH (Special Categorical) – 536923 1291 250 5F – cannot pay for inpatient Child MH State UCR - 536945 1290 220 00 Child MH UCR CTSP – 536930 1290 220 39 ~~~~~ For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Utilization Management	

**Child Mental Health
Early Childhood Disorder - (CMECD)**

Client Eligibility Criteria	<p>Child, from 3 years through 5 years of age who demonstrates significantly atypical behavioral, socio-emotional, motor or sensory development such as:</p> <ol style="list-style-type: none">1. Diagnosed hyperactivity, attention deficit disorders, autism spectrum disorders, severe attachment disorders, other pervasive developmental disorders, or other behavioral disorders.2. Have indicators of emotional and behavioral disorders such as:<ol style="list-style-type: none">a. delay or abnormality in achieving emotional milestones, such as attachment, parent-child interaction, pleasurable interest in adults and peers, ability to communicate emotional needs, or ability to tolerate frustration;b. persistent failure to initiate or respond to most social interactions;c. fearfulness or other distress that does not respond to comforting by caregivers;d. indiscriminate sociability, for example, excessive familiarity with relative strangers, ore. self-injurious or other aggressive behavior.3. Have substantiated physical abuse, sexual abuse, or other environmental situations that raise significant concern regarding the child's emotional well being. <p>OR</p> <p>Have documented presence of one or more of the following indicators associated with patterns of development, which have a high probability of meeting the criteria for developmental delay or atypical development as the child matures:</p> <ol style="list-style-type: none">a. Parental Substance Abuse: Birth mother during pregnancy or primary care giving parent has been a habitual abuser of alcohol and/or drugs.b. Parental Mental Retardation: Either parent has been diagnosed with mental retardation or developmental disabilityc. Parental Mental Illness: Either parent has a diagnosed illness such as severe depression, bipolar illness, schizophrenia, or borderline psychotic conditions. <p>OPTIONAL for FY04-05: The child</p> <p>Has a documented risk assessment score on the ASQ-SE as follows</p> <ul style="list-style-type: none">3 years of age ROC cutoff score of 594 years of age ROC cutoff score of 705 years of age ROC cutoff score of 70 <p>Eligibility Determination for this population group should be completed annually in conjunction with the Person Centered Plan process.</p>
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**Child Mental Health
Early Childhood Disorder - (CMECD)
(continued)**

ICD-9 Diagnosis Ranges	<div> <div>291-2989</div> <div>299-2999</div> <div>300-3019</div> </div> <div> <div>3027</div> <div>303-3124</div> <div>31281-3149</div> </div> <div> <div>3153</div> <div>31531</div> <div>3158</div> </div> <div> <div>3159</div> </div> <div>~~~~~</div> <p>For the most current list of specific diagnoses, refer to <i>IPRS Diagnosis / Target Population Crosswalk</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Concurrency Issues	<p>An individual cannot also be enrolled in CMMED, CMSED, CMAO, CSIP, or CSSP.</p> <p>~~~~~</p> <p>For full details, refer to <i>IPRS Eligibility Concurrency</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Service Array	<p>Refer to <i>IPRS Service Array</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Provider Restrictions	<p>Billing Provider – Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/DD Provider</p> <p>All providers staff shall have child mental health and early childhood development specific skills, education and experience.</p>
Funding Source(s)	<p>Child MH State Crisis – 536945003 1390 221 00 (procedure code H0010, H2011, H2036, S9484, YP485, YP790, YP820)</p> <p>Child MH SSBG - 536945 1291 250 Q7</p> <p>Child MH MHBG - 536945 1291 250 6U – cannot pay for inpatient</p> <p>Child MH State UCR - 536945 1290 220 00</p> <p>Child MH UCR CTSP – 536930 1290 220 39</p> <p>~~~~~</p> <p>For full details, refer to <i>IPRS Budget Criteria</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Utilization Management	

**Child Mental Health
Community Enhancement Program (CMCEP)**

Client Eligibility Criteria	<p>A single, special recipient (State Enrolled 'John Doe' client) will be used to report these services to IPRS. Individual consumers are not to be enrolled in this target population.</p> <p>Non-client specific funds to be used to promote:</p> <ul style="list-style-type: none"> • consultation and education regarding potential client needs • family education and involvement <p style="text-align: center;">~~~~~</p> <p>NOTES: Client may be identified in CNDS as '(local facility code)CMH001'</p>
ICD-9 Diagnosis Ranges	<p>Any valid ICD-9</p> <p style="text-align: center;">~~~~~</p> <p>For the most current list of specific diagnoses, refer to <u><i>IPRS Diagnosis / Target Population Crosswalk</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Concurrency Issues	<p>An individual cannot be enrolled in CMCEP.</p> <p style="text-align: center;">~~~~~</p> <p>For full details, refer to <u><i>IPRS Eligibility Concurrency</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Service Array	<p>Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Provider Restrictions	<p>Billing Provider – Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/SA Provider</p>
Funding Source(s)	<p>Child MH State UCR - 536945 1290 220 00</p> <p style="text-align: center;">~~~~~</p> <p>For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Utilization Management	

Child Mental Health IPRS Eligibility Clarification

CMSED Target Population

1. **Atypical Development** –The definition for atypical development is from the North Carolina Infant-Toddler program Technical Assistance Bulletin #16 and is as follows:

Children from birth to age three who demonstrate significantly atypical behavioral, socio-emotional, motor or sensory development such as:

- Diagnosed hyperactivity, attention deficit disorders, autism, severe attachment disorders, and other pervasive developmental disorders, or other behavioral disorders.
 - Indicators of emotional and behavioral disorders such as:
 - a. delay or abnormality in achieving emotional milestones, such as attachment, parent-child interaction, pleasurable interest in adults and peers, ability to communicate emotional needs, or ability to tolerate frustration;
 - b. persistent failure to initiate or respond to most social interactions;
 - c. fearfulness or other distress that does not respond to comforting by caregivers;
 - d. indiscriminate sociability, for example, excessive familiarity with relative strangers, or
 - e. self-injurious or other aggressive behavior.
 - Substantiated physical abuse, sexual abuse, or other environmental situations that raise significant concern regarding the child's emotional well-being.
2. **In need of services from more than one child serving agency-** This indicates a need for specialized services or supports that exceed what is typical. An example of needing specialized services from school/DPI would include a child with SED who has an Individualized Education Program or 504 Plan or is attending an alternative school. An example of needing specialized services from public health or health care, would include a child who needs specialized health services for a chronic condition that interferes with daily functioning.
 3. **Out of home placement-** Out of home placement may include placement in a mental health treatment facility as well as foster care or formalized placement with family members other than biological or step-parent
 4. **Acute Crisis Intervention-** An acute crisis intervention involves utilization of emergency appointments, afterhours services or any mental health crisis service program such as a Facility Based Crisis Unit, Crisis Respite and inpatient hospitalization on an emergency basis. Additionally, acute crisis intervention may include a crisis that involves other agencies (such as law enforcement coming out to a home, DSS crisis response to a home/family, DJJDP crisis response to home/family) as long as the crisis is about the clinical/behavioral crisis related to the youth seeking eligibility as in the CMSED target population. As long as the crisis is related to cognitive/emotional/behavioral issues and there is imminent danger to self or other involved or instability such that the youth can no longer function at home/school/work, then it is an acute crisis. Hospitalization could be counted toward 1 state or private hospitalizations, as well as an acute crisis intervention.
 5. **Intensive Wraparound Services-** Intensive wraparound services may be defined as community-based services and natural supports that are delivered in the home, school or community that are designed to maintain a child in a community setting. Examples of wraparound include services such as Community Based Support (CBS) Services, Intensive

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Family Preservation Services (IFPS) or family preservation services delivered in the home, school-or community. These services may be provided by a mental health agency or other child-serving agency. Other examples of wraparound include natural supports such as use of family members or volunteer community members who provide primary caregivers with additional support and assistance in order to keep a child with a severe emotional or behavioral issue at home and in their community.

6. **Class A1 misdemeanor-** North Carolina General Statutes classify all criminal offenses and the Juvenile Code further divides the classification as either violent, serious or minor offenses. A1 misdemeanors are classified as serious offenses. Some A1 misdemeanors in North Carolina are assault on a state officer or government employee (including a teacher), assault inflicting serious injury, assault using a deadly weapon and assault on a child under 12.
7. **Sexually Aggressive Youth -** An individual who admits to having committed an act of sexual abuse or has been adjudicated for an illegal sex act and the inappropriate sexual behavior is the current focus of treatment.
8. **Co-occurring Disorder-** Having more than one disorder or condition such as a serious emotional disturbance and a developmental disability, substance abuse disorder or serious physical illness.